

2025 NATIONAL PCT POLICE COMPETENCE TEST



Teams are required to participate in a series of challenges and complete the Police Competence Test (PCT). Teams of 6 that must consist of 2 girls, 2 boys (year 7-8's), 1 male adult, and 1 female adult.

Saturday – Stage One

Team Challenge rotations followed by dinner

Sunday – Stage Two

Breakfast is followed by PCT event, and then prize giving



Saturday & Sunday

1 – 2 November, 2025



Auckland

Papakura Youth Centre

\$240 per team

Accommodation is up to each team to organise. Blue Light Āwhitu Youth Camp is available for teams.

Register your interest!

programmes@bluelight.co.nz

www.bluelight.co.nz

What is the PCT?

The PCT is an event run each year. Teams of intermediate-aged students participate in a variety of mental and physical challenges and work together to achieve the fastest time for the Physical Competence Test (PCT), which is used in the entry exams for new police recruits.

Each year, Blue Light branches throughout New Zealand run local competitions to select their representatives to attend the PCT National Finals. Held at Blue Light's National Youth Centre in Auckland, the finals see the teams vie for the coveted National PCT Fear Factor Trophy and be crowned National Champions.

Dates:

1 & 2 November 2024

Cost

\$240 – Includes:

- Team registration for the PCT competition
- Saturday night dinner and activity
- Sunday morning breakfast (at Blue Light Youth Centre)

Accommodation

Your accommodation is up to you to organise.

The Blue Light Āwhitu Youth Camp is available for teams to stay at over the PCT Weekend.

Please email Willie at willie@bluelight.co.nz if you wish to stay at Blue Light's Āwhitu Youth Camp (331 Hatton Road, Āwhitu, 2684) – 1 hour drive from Blue Light Youth Centre.

Location:

Day 1 - Blue Light Youth Centre - 155 Dominion Road, Red Hill, Auckland, 2025

Start time: 12:00 pm

Day 2 – Bruce Pulman Park – 90 Walters Road, Takanini, Auckland, 2112

Start Time: 8:00 am

Forms to be completed and sent to willie@bluelight.co.nz by 24th October 2025

- **Team, Branch and Supervisor Details Form**
- **Medical Risk Acknowledgement Form (every young person must complete one of these forms each)**
- **Vetting Service Request & Consent Form (both supervisors from your team must complete one of these forms each)**

PCT Contacts:

Programme Coordinator – Willie Iosia

willie@bluelight.co.nz | 022 432 7950



Blue Light PCT Team, Branch & Supervisor Details Form

Please fill in the form below with your teams' details, your Blue Light Branch details and supervisor details.

Team Details

Team Name:

Boy 1:

Age:

Girl 1:

Age:

Boy 2

Age:

Girl 2:

Age:

Adult Supervisor 1:

Adult Supervisor 2:

Blue Light Branch Details

Blue Light Branch:

Contact Person:

Contact Postal:

Contact Email:

Contact Phone:

Adult Supervisor Details 1

First Name/s:

Last Name/s:

Gender (Please circle) M / F

Please tick: ☐ Police Member ☐ BL Member ☐ Teacher ☐ Other

Street Address:

Suburb:

Town/City:

Postcode:

Contact Phone Number:

Email Address:

Medical / Dietary: We need to know if you have any dietary requirements e.g. vegetarian, gluten intolerant or if you are allergic to anything and have medication for it e.g. bees, peanuts. Please advise below of any dietary requirements and/or allergies

Adult supervisor 1 signature: _____

Date signed: _____

Adult Supervisor Details 2

First Name/s:

Last Name/s:

Gender (Please circle) M / F

Please tick: ☐ Police Member ☐ BL Member ☐ Teacher ☐ Other

Street Address:

Suburb:

Town/City:

Postcode:

Contact Phone Number:

Email Address:

Medical / Dietary: We need to know if you have any dietary requirements e.g. vegetarian, gluten intolerant or if you are allergic to anything and have medication for it e.g. bees, peanuts. Please advise below of any dietary requirements and/or allergies

Adult supervisor 1 signature: _____

Date signed: _____



Medical Risk Acknowledgement Form

All young people participating in PCT must complete one of these forms each.

The purpose of this form is to provide a written source of information about individuals who are participating in activities provided by the Blue Light staff. It is essential that this form is completed fully and all relevant information is supplied. This document will be required in the event of an emergency and will also assist staff in understanding any special needs that the participant may have. This information is confidential, and access is restricted to programme staff, except in cases where harm or loss is likely to occur without disclosure of this information.

If any participant is under the influence of drugs or alcohol, they will not partake in the activities listed below.

Date of Activity:	1 - 2 November				
Blue Light Branch / Group:					
Participant's Full Name:					
Date of Birth:		Age:		Gender:	M / F
Street Address:					
Suburb:		Town/City:		Postcode	
Contact Number:		Email Address:			
School/course attending:					
<i>(If under 18) Name of Parent / Guardian giving consent & filling in this form</i>					
Full Name:					
Relationship to participant:					
Email:					
Contact Number:					
Address & Postcode:					

HEALTH AND MEDICAL INFORMATION

Please provide as much information as possible, as this will enable us to better meet the needs of the participant. We aim to make activities inclusive, not exclusive, whilst maintaining safety.

If the space provided is inadequate for a complete description, or if there are other medical condition/s we should be aware of, please provide details on a separate sheet of paper and attach them to this form.

Does the participant have (or ever had) any of the following - (Please tick)					
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Phobias	<input type="checkbox"/>	Dislocations
<input type="checkbox"/>	Heart Conditions	<input type="checkbox"/>	Learning Difficulty	<input type="checkbox"/>	Broken Bones
<input type="checkbox"/>	Neck / Back / Head Injuries	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Joint/Muscle damage	<input type="checkbox"/>	Re-occurring Nose Bleeds	<input type="checkbox"/>	Travel Sickness
<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Colour Blindness	<input type="checkbox"/>	Dizzy Spells

Medical Risk Acknowledgement Form

	Other:
Medical Alert Number: <i>(If applicable)</i>	

Date of last tetanus Injection:	
Is the participant taking medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please state reason.
	Name of Medications:
	Dosage/s & time(s) to be taken:
Any dietary requirements? – Please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please state reason.
Has the participant had any major injuries (breaks or strains) or illness (e.g., Glandular fever etc) in the last 6 months that may limit full participation in any activities? – Please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please state illness.
Is the participant allergic to any of the following? - Please specify:	Prescription Medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify.
	Food? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify.
	Insect Bites / Stings? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify.

Medical Risk Acknowledgement Form

	Other Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify
	Treatment Required? – Please specify:
Tick the medication you are happy for Blue Light to administer	<input type="checkbox"/> Paracetamol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Antihistamine <input type="checkbox"/> Habitrol Other:
Does the participant have any physical disabilities?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please provide details
Does the participant have any skin conditions or infected wounds? (E.g. scabies, eczema)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details
Is there any other information that staff should know to ensure the physical & emotional safety of the participant. (E.g. – Cultural practices, disability, anxiety about heights / darkness / small spaces / swimming, pregnancy, behavioural / emotional difficulties)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details
Does the participant have any learning difficulties, is neuro-diverse, or has any mental health challenges? (E.g. Dyslexia / ADHD / Autism, mental health concerns – Suicide / self-harm behaviours)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details
Please tick if the participant does any of the following	<input type="checkbox"/> Vape <input type="checkbox"/> Smoke Please note all Blue Light sites are Smoke Free
Participant's Swimming Ability - Please circle	Minimal Ability Can swim up to 50m Can swim 100m or more



Medical Risk Acknowledgement Form

Please tick the following:

<input type="checkbox"/>	I agree to my child receiving emergency medical care from medical authorities if necessary
<input type="checkbox"/>	I am the legal guardian for this participant
<input type="checkbox"/>	Tick this box if you give permission for us to take photos of you / your child whilst attending the program – these may be used for advertising and/or social media purposes

I acknowledge that the risk of injuries is inherent in physical activities. While I am aware that staff will take all due care, I recognise that accidents may occur.

The staff and supervisors have the authority to take whatever action they think necessary to ensure the safety, well-being, and successful conduct of the participants as a group or individually in the above-mentioned activity (s). If my young person becomes ill or is accidentally injured, Blue Light may obtain on my behalf whatever medical treatment my young person requires at my expense.

I understand that if I recklessly or intentionally, don't follow the rules or instructions set out by Blue Light and the instructor, which I have been made aware of, Blue Light will not be held responsible for any injury, damage, or loss I cause to myself/my property, or another person/their property, resulting from my action (or lack of action)

PARENT/GUARDIAN _____

Print Name

Signature

Date ____/____/____

Section 1: Agency to complete

For more information please see the [Guide to PVS Request & Consent Form](https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides)
(<https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides>)

1.1 Name of agency submitting vetting request

1.2 Name of the person being vetted

1.3 Description of the role of the person being vetted

This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.

1.4 Which groups will the person being vetted be working with (select all that apply):

☐ Children/ Young People☐ Vulnerable Adults

1.5 Does the role involve caring for people in the home of the person being vetted?

This is about whether the person being vetted is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).

☐ Yes☐ No

1.6 Is the person being vetted:

☐ A paid worker☐ A volunteer☐ Undertaking vocational or educational training

1.7 Is the person being vetted a Children's Worker according to the Children's Act 2014, section 23(1)?

*If the person being vetted is not working with children/ young people (Q 1.4), tick 'No' then skip to question 1.11.
If the person being vetted IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.*

☐ Yes☐ No (skip to question 1.9)

1.8 Is the role of the person being vetted a core or non-core worker role according to the Children's Act 2014, section 23(1)?

☐ Core worker☐ Non-core worker

1.9 Has the person being vetted previously been Police vetted by your agency?

☐ Yes☐ No (skip to question 1.11)

1.10 Is the person being vetted still working in the role for which your agency last obtained a Police vet?

If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer no.

☐ Yes

☐ No – the person being vetted is applying for a new role or position

1.11 What is the job title of the person being vetted?

1.12 Evidence of identity (to be completed by agency representative or identity referee)

[See consent form guide for details on how to complete this section](#)

☐ A primary ID has been sighted (mandatory)

☐ A secondary ID has been sighted (mandatory)

☐ One form of ID is photographic (mandatory)

☐ Evidence of name change has been sighted (if applicable)

OR: *If your agency is able to accept a verified RealMe identity then:*

☐ An assertion of a RealMe identity has been received (see [consent form guide](#) for further information)

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#).
- ✓ I am satisfied as to the identity of the person being vetted.
- ✓ I have obtained the authorisation of the person being vetted to submit this vetting request as set out in section 3 of this form.

Agency Representative:

Name:

Date:

Signature:

Electronic signature

☐

Section 2: Person being vetted to complete and return to agency

** Denotes a mandatory field*

2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)

* First/Middle name(s)

* Gender

* Date of birth

Place of birth
(Town/ City/ State)

* Country of birth

NZ Driver Licence number

2.2 Previous names if applicable

Please include other alias or alternate names; married name if not your primary name; previous/ maiden/ name changed by deed poll or statutory declaration. Please include ALL names (first, middle and last) for each alias/previous name.

Family name

First name

Middle names

2.3 Permanent residential address

* Flat/ Number/ Street

* Suburb

Post Code

* Town/ City

Section 3: Person being vetted to complete and return to agency

3.1 Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - a. Conviction histories and infringement/demerit reports.
 - b. Active investigations, charges and warrants to arrest.
 - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
 - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
 - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - f. Information subject to name suppression where that information is necessary for the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
 - b. Section 31(3) of the Children's Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
 - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>